

In brief

Director of the Centers for Disease Control resigns: Dr Jeffrey Koplan, director of the Centers for Disease Control and Prevention (CDC) since 1998, has resigned from his post. Bush administration officials said that the US secretary of health and human services, Tommy Thompson, was unhappy that Dr Koplan had not given enough emphasis to bioterrorism, a priority for President Bush.

Genetic link to endometriosis: A woman has more than five times the normal risk of developing endometriosis if her sister has the disease, new research from Iceland has shown (*Human Reproduction* 2002;17:555-9). The study was the first to analyse the occurrence of endometriosis across an entire population.

Mind campaign for more choice in mental health services: The mental health charity Mind this week launched a campaign to expand the choice of services available at primary care level. It believes that too many people are offered drug treatment as the only option. More details are accessible at www.mind.org.uk

Doctor convicted in OxyContin overdose deaths: Dr James Graves, a doctor with practices in Florida and Alabama, has been found guilty of four counts of manslaughter, one count of racketeering, and five counts of unlawful delivery of a controlled substance, related to his use of the drug OxyContin, a synthetic time-release analgesic containing oxycodone hydrochloride. He was alleged to have prescribed the drug for 1000 patients.

Trials on Alzheimer's vaccine drug suspended: Trials of a vaccine against Alzheimer's disease, which was being used on 360 people with mild to moderate disease, have been suspended after 12 volunteers became seriously ill. The vaccine, known as AN1792, is being developed by the Irish based pharmaceutical company Elan, in partnership with Wyeth-Ayerst Laboratories.

Blair warns of tax increases to pay for NHS

Zosia Kmietowicz *London*

Tony Blair hinted last week that taxes in the United Kingdom may have to rise to fund improvements in the NHS and to bring health spending in line with the average in the European Union.

But exactly how much more money is to be pumped into the NHS and how it is going to be raised is likely to remain a matter for speculation until just before the budget on 17 April. It is then that the second report from Derek Wanless, the former NatWest chief executive, is expected to be published.

It is thought that the report will include recommendations on how much extra cash is needed for the NHS, and it is this figure that the chancellor, Gordon Brown, will use to develop his spending plans.

Although it did not give a precise figure, the first Wanless report, published last October (*BMJ* 2001;323:1325), strongly

implied that much more money was needed in the NHS to meet various demands and pressures.

Last week Mr Blair told the BBC: "In this forthcoming budget there will be a very tough choice, not just for politicians but actually for the country. If we want sustained investment in the National Health Service over a period of time, we are going to have to pay for it."

His sentiments were echoed by the health secretary, Alan Milburn, the following day when he spoke at a meeting of NHS trust chairmen. "As the prime minister said yesterday, if we want sustained investment in the NHS then we will need to pay for it. I believe the best way of doing it—because it is the fairest and most efficient way of doing it—is through general taxation."

Speculation as to the exact sum being earmarked for the NHS and how it was going to be raised

reached fever pitch in British newspapers last week. The *Guardian* predicted a £4bn (\$5.7bn; €6.5bn) increase in health spending by 2005, whereas the *Independent on Sunday* predicted that the Wanless report would recommend a rise of as much as £10bn. An increase in national insurance contributions of 1-3% on its current 10% rate is considered the most likely option for raising the extra cash.

But even if the United Kingdom were to spend an extra £10bn over the next three to four years, spending would still fall short of the proportion of gross domestic product spent on health by most other European countries, said the King's Fund, an independent healthcare charity.

In a report published last October health economists estimated that just to keep in line with health spending in Europe—which is about 8%—an extra £26bn is needed for the NHS. And to keep pace with increases in health spending in Europe, which is likely to rise to 10.72% of the gross domestic product by 2005-6, the cash increase required for the NHS over the same period is around £45bn. □

US encourages flu jabs for infants aged under 2

Deborah Josefson *Nebraska*

Infants and children aged under 2 years are extremely susceptible to influenza virus and should receive flu jabs, says the vaccine advisory committee of the US Centers for Disease Control and Prevention.

The Advisory Committee of Immunisation Practices is urging flu vaccination of infants aged 6 months to 23 months, starting at the beginning of the next flu season (autumn 2002-3).

Although the committee fell short of making a full recommendation, it is expected to make the recommendation official within three years, pending the outcome of studies of the effect of more vaccines on parents and providers. Infants already receive about 20 immunisation injections.

Currently, flu vaccination is recommended for elderly people



Those babies most at risk of flu should receive their vaccination first, preferably by October

aged 65 and over, healthcare workers, pregnant women, and people who are chronically ill. Patients with respiratory problems such as asthma, emphysema, and chronic obstructive pulmonary disease and those with renal failure, heart failure, and diabetes are especially vulnerable to flu. Infants also represent an immunocompromised group, as their immune systems are inexperienced, lacking the antigenic exposure acquired through time.

The vaccine advisory committee based its new guidance on the results of two recent studies which found that babies aged 6-23 months were at increased

risk for flu related admissions to hospital.

One of the studies was led by Dr Keiji Fukuda, an epidemiologist on the vaccine advisory committee. Dr Fukuda analysed admissions data from thousands of previously healthy children aged 6 months to 18 years enrolled in managed care practices of Kaiser Permanente Medical Group in northern California and Group Health Cooperative health plan in Seattle from 1992 to 1997 (*New England Journal of Medicine* 2000;342:232-9).

Overall, he found that children aged under 2 were 12 times more likely to be admitted for respiratory illnesses than those aged 5-17 years.

The other study was led by Dr Kathleen Neuzil, an infectious disease specialist at the University of Washington in Seattle. Dr Neuzil followed children younger than 15 years old enrolled in the Tennessee Medicaid programme from 1973 to 1993 (*New England Journal of Medicine* 2000;342:225-31).

Dr Neuzil's team found that infants aged under 1 year were as likely as elderly and high risk groups to be admitted for flu. □